File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A

Des Moines, Iowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

2010 JUL 20 1.11 8: 53

COMMITTEE NAME (Must be same as on Statement of Organization) FORM MONTANT Indicate by # type of committee you are reporting for: [4]

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party DR-2 DISCLOSURE (Rev. 07/2007) REPORT 4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (For Office Use Only 11) Local Ballot Issue Comm. # CANDIDATE COMMITTEES ONLY: Logged In VVV Candidate Name Political Party (if applicable) Scanned Computer Office Sought District (if Senate or House) Audited Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a 712-767-2303 SIGNATURE OF PERSON FILING REPORT I AM FILING A May 15,10 - July 14, 10 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR. Indicate by # / ☐CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held Montoumer STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ **UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ CONSULTANT BREAKDOWN (Schedule G Attached?) **CANDIDATE COMMITTEES ONLY:** VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS MONEY TAKEN IN	any contrast of the second of	A (Rev. 07/03)	MONETARY RECEIPTS
(Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization)			CK THIS BOX IF NDING FORM
Montagment CD. Republican Central Como	n.		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
6-29	ID#	repoid Delegate Fees Carol Strovers 2082 210 St. Rea Oak TA 51566		\$80.00	
	ID# CK#				
	ID# CK#				
	ID#				
	ID#				
	CK#				
	ID#				
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	CK#				
	ID# CK#	•			
<u> </u>		TOTAL (if last page	SUB-TOTAL of this schedule)	\$80,00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____

SCHEDULE

Reset Form

EXPENDITURES - MONEY SPENT

SCHEDU			
B		ENSTAIN	:8
For office	use only		

COMMITTEE MARK (1)	ame as on Statement of Organization)		
COMMITTEE NAME (MUSI DE SE	ame as on Statement of Organization)		
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MINATORNENI (A KA	outling Central Comm	. 1	

DATE EXPENDED	NAME AND ADDRESS TO WHOM EXPENDITURE : (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
6-29	Leland Jones 1184 1405 St.	CO. Fair Booth	\$
2010	Emerson IA 51533		100.00
6.29	Red Oak Comm. Ichool District 904 N. Broad St.	Use of School	
2010	Red Oak, IA 51566	caucus	64.00

SUB-TOTAL \$ 164.00

TOTAL (If last page of this schedule) \$ 16 4.00

CPF-12104 140-0040 (Rev. 1986)

Page ____ of __ (for Schedule B)